

Acquisition and Relocation Appendix

	Budgeted Amount	Expended Amount
Acquisition:	\$ _____	\$ _____
Relocation:	\$ _____	\$ _____
Total:	\$ _____	\$ _____

For each parcel acquired, identify the Use (commercial, residential, etc.), the Status (occupied, vacant) and the purchase price.

Parcel #	Address	Use	Status	Purchase Price

Cases files to be monitored: #'s: _____

Acquisition Case File #_____

A. General Information

1. Address of property to be acquired: _____

2. Property Use: ☐ Single Family ☐ Commercial ☐ Multifamily ☐ Industrial
3. Name of property owner: _____

If multifamily, name of tenants: _____

4. Current address of owner: _____

B. Dates of Notices and Important Items

1. Date INTEREST IN ACQUIRING NOTICE was given to property owner:

- a. Was the brochure When a Public Agency Acquires Your Property enclosed within this letter? ☐ Yes ☐ No
- b. If No, did the grantee describe to the best degree possible those basic protections and obligations under the Uniform Relocation Act of 1970? ☐ Yes ☐ No
2. Date INVITATION TO OWNER TO ACCOMPANY APPRAISER was given to the owner: _____

3. Date the APPRAISAL was conducted: _____

(NOTE) An appraisal may be waived if the owner donates the property or if the owner and grantee agree that the value of the property is less than \$2,500.

4. Appraised fair market value of the property: \$ _____
5. Date the REVIEW APPRAISAL was conducted: _____
 - a. Fair market value determined by the review appraiser \$ _____
 - b. If review appraisal is different from the initial appraisal, explain why.

6. Date ESTABLISHMENT OF JUST COMPENSATION was given to the owner: _____

7. Date WRITTEN OFFER TO PURCHASE was given to the owner: _____

8. Date SUMMARY STATEMENT was given to the owner: _____

If the Summary Statement was sent on a different date than Written Offer to Purchase, explain why:

(Must be sent on same date to avoid a FINDING OF NON-COMPLIANCE)

9. Was ESTABLISHMENT OF JUST COMPENSATION updated?
___ Yes ___ No

a. If Yes, how was the new amount determined?

10. Did the grantee terminate the acquisition process? ___ Yes ___ No

a. If Yes, did the grantee give the owner a NOTICE OF INTENT NOT TO ACQUIRE: ___ Yes ___ No

b. Date notice was sent to the owner: _____

11. Date the owner accepted the written offer: _____

12. Was a 90 DAY NOTICE TO VACATE the premises given to the owner?
___ Yes ___ No

(Not required if the owner voluntarily enters in the acquisition)

a. Date notice was sent to the owner: _____

C. Review of Important Dates & Dollar Amounts

Handbook 1378 Chapter#/Section/Activity	Date	Amount
5-2c(2) First Appraisal		

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- a. Was the brochure "Relocation Assistance to Displaced Homeowners or Relocation Assistance to Tenants Displaced From Their Homes" sent with the letter? ☐ Yes ☐ No
- b. If No, did the grantee explain its obligations and requirements under the Uniform Relocation Act. ☐ Yes ☐ No
2. Date NOTICE OF RELOCATION ELIGIBILITY was sent: _____
- Tenant must be an occupant PRIOR to the written purchase offer. Owners must be an occupant for at least 180 days PRIOR to written purchase offer.
3. Were referrals to comparable replacement dwellings given: ☐ Yes ☐ No
- a. Date of the letter that established comparable replacement dwellings: _____
4. Explain the advisory services offered or given to the displacee: _____
5. Has a site occupancy record been developed? ☐ Yes ☐ No
6. Income Verification:
- a. Sources of income: _____
- b. Amount of Income: \$_____ LMI () NON-LMI ()
7. Temporary Move:
- a. Amount of expenses paid (out of pocket) \$_____
- b. Was the unit inspected for decent, safe, and sanitary conditions?
 ☐ Yes ☐ No The unit ☐ Passed ☐ Failed
- c. Date move started: _____ Date of return: _____
- d. Documentation that payment was received: ☐ Yes ☐ No
8. Moving Expense Payment
- a. Fixed Move () Actual Move ()
- b. Amount claimed \$_____ Amount paid \$_____
- c. Documentation the payment was received: ☐ Yes ☐ No

9. Relocation Payment

- a. Monthly housing cost of replacement or CRD, whichever is less
\$ _____
- c. Monthly housing cost of acquired dwelling or ability to pay, whichever
is less \$ _____
- c. Monthly need (line a. less line b.) \$ _____
- d. Line c. X 42 \$ _____

10. Down Payment Assistance Payment

- a. The lesser of - The monthly rent and estimated average monthly utility
costs of the comparable unit or the monthly rent and average monthly
utility costs for the dwelling taken. \$ _____
- b. The lesser of - The monthly rent and estimated average monthly utility
costs of the displacement unit or thirty percent of the person's average
monthly gross household income. \$ _____
- c. Subtract line b. from line a. \$ _____
- d. Line c. X 42 \$ _____

11. 180-Day Homeowner Payment

- a. Cost of replacement dwelling or CRD,
whichever is less \$ _____
- b. Cost of acquired dwelling \$ _____
- c. Differential (line a. less line b.) \$ _____
- d. Incidental expenses \$ _____
- e. Increased interest costs \$ _____
- f. Sum of lines c., d., and e. \$ _____

12. What documentation is in the file that this unit has been inspected?

104(d) Section

This segment only applies to low-moderate income rental units and low-moderate income tenants of rental units.

One for one replacement

1. Did the grantee demolish or convert low- moderate income rental units?
___ Yes ___ No
2. Before the grantee entered into a contract that led to the conversion or demolition of low- moderate income rental units (before the agreement to acquire the structure was executed), did the grantee comply with the following?

Make public through a local newspaper or other medium:

- a. A description of the proposed assisted activity. ___ Yes ___ No
- b. The location on a map and the number of dwelling units by size that are to be demolished or converted. ___ Yes ___ No
- c. A time schedule for the commencement and completion of the demolition or conversion. ___ Yes ___ No
- d. The location on a map and the number of dwelling units by size that will be provided as replacement dwelling units. ___ Yes ___ No
- e. The source of funding and a time schedule for the provision of replacement dwelling units. ___ Yes ___ No
- f. The basis for concluding that each replacement dwelling unit will remain a low moderate income unit for at least ten (10) years.
___ Yes ___ No
- g. Information that demonstrates the proposed replacement dwelling units are consistent with the needs of low moderate income households. ___ Yes ___ No

If Yes, Date information was published: _____

3. If the grantee requested an exemption to the One For One requirement, what is the date of request to OCD? _____
4. Date OCD responded to the request for exemption of the One For One requirement: _____
 - a. Reasons cited that were accepted to allow the exemption.

Section 104 (d) Relocation Payments to Tenants

1. Is there evidence in the tenants file that verifies they were informed of Section 104(d) relocation payments? ____ Yes ____ No
2. If the tenant chose a Section 104(d) relocation payment, what was the amount of that payment? \$ _____
3. Are the completed Section 104(d) claim forms on file? ____ Yes ____ No

Comments: _____



Areas Needing Improvement:

1. _____

2. _____

3. _____

Findings of Non-Compliance:

1. _____

Required Action: _____

2. _____

Required Action: _____
